

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF RASHID A. ALI, pro se	COURT CASE NUMBER 07-613-SLR
DEFENDANT SCOTT KASPRENSKI, et al	TYPE OF PROCESS Complaint

**SERVE****AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SCOTT KASPRENSKI

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

D.A.G., 820 N. FRENCH ST., 6th Floor, Wilmington, DE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

RASHID A. ALI, SBI#00176898  
W-1, D-9  
1181 PADDOCK RD  
SMYRNA, DE 19977

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

4

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Pauper Case: Kasprenski was on employee for the D.O.C. during the  
relevant period of the action and it is likely that the  
D.A.G. will be representing Kasprenski in this matter.

Signature of Attorney or other Originator requesting service on behalf of:

Rashid A. Ali

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

3-4-2008

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District  
of Origin

No. 15

District  
to Serve

No. 15

Signature of Authorized USMS Deputy or Clerk

h

Date

5-27-08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

No longer @ D.C.  
D.A.G. will no accept on behalf of individuals  
but. Unexecuted 5-27-08